Last Revised 04/20/01 SAFETY-KLEEN (LONE and GRASSY MOUNTAIN), INC. TYPE: DAILY Grassy Mountain Facility Inspection Record FORM: PC-RD03

| Date of Inspection: Time: AM/PM PAGE 1 OF 1                 |   |        |           |                             |  |  |
|---|---|--------|-----------|-----------------------------|--|--|
| LEACHATE STORAGE TANK SYSTEM                                |   |        |           |                             |  |  |
| EQUIPMENT /<br>STRUCTURE/ ITEM                              | INSPECTION ELEMENT  | STATUS |           | IF "NOT OK" STATE<br>REASON | DATE & TIME<br>CORRECTED<br>& INITIALS |  |
|   |   | OK     | NOT<br>OK |                             |  |  |
| LEACHATE<br>STORAGE TANK<br>SYSTEM:                         | Check proper operation of manual operating valves                                 |        |           |                             |  |  |
|   | Check proper operation of high level alarms                                       |        |           |                             |  |  |
|   | Check proper operation of check valve, piping & pumps                             |        |           |                             |  |  |
|   | Check proper operation of discharge controls                                      |        |           |                             |  |  |
|   | Check for evidence of corrosion, deterioration, or leaking (ancillary equipment). |        |           |                             |  |  |
|   | Check for liquid level log for entry.   |        |           |                             |  |  |
| LEACHATE<br>SECONDARY<br>CONTAINMENT:                       | Check area around tank system for evidence of leaking (discoloration, etc.)       |        |           |                             |  |  |
|   | Check for liquid in sumps.  |        |           |                             |  |  |
|   | Check for cracks in the cement  |        |           |                             |  |  |
| TRANSFER AREA:  | Check tank unloading areas for evidence of spills                                 |        |           |                             |  |  |
| Inspector's Name: Inspector's Signature:                    |   |        |           |                             |  |  |
| COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN): |   |        |           |                             |  |  |
|   |   |        |           |                             |  |  |
|   |   |        |           |                             |  |  |
|   |   |        |           |                             |  |  |
|   |   |        |           |                             |  |  |
| IF STATUS NOT OK, MARK THE FOLLOWING                        |   |        |           |                             |  |  |
| ENVIRONMENTAL DEPARTMENT CONTACTED: ( ) YES                 |   |        | 1( )      | ( ) NO                      |  |  |
| REMEDIAL WORK ORDER ISSUED: ( ) YES WORK ORDER #            |   |        |           | (                           | ( ) NO                                 |  |

Attachment IX-1
Post-Closure Plan – Appendix IX-1
Safety-Kleen (Lone and Grassy Mountain), Inc.
Grassy Mountain Facility

State-Issued Part B Permit; April 20, 2001

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